

MDR Tracking Number: M5-04-0053-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 3, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits with manipulation were found to be medically necessary. The therapeutic exercises, aquatic therapy, massage therapy, joint mobilization were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the office visits, therapeutic exercises, aquatic therapy, massage therapy, and joint mobilization charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 10/15/02 and 10/17/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 14th day of November 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-0053-01
IRO Certificate Number: 5259

November 11, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

___, a 38-year-old male, sustained an on the job injury while working as a construction worker. While he was working, a 20 pound filter fell on his head. Although he was wearing a hard hat, he started having some neck pain and headaches. He presented to ___ on 8/18/02 and was seen initially by Dr. ___, a medical doctor who prescribed a course of physical therapy, along with prescriptions for Vioxx, Darvocet and Soma. He was also taken off work. Care was then provided by Dr. ___, a chiropractor. He was seen on a fairly undeviating course of care, multiple times over the ensuing weeks progressing to aquatic therapy then more active care involving therapeutic activities, and eventually work conditioning. MRI of the spine was obtained on 9/17/02 and was essentially normal. Re-exam was performed on 9/18/03 by Dr. ___; unfortunately no objective comparative studies were available. Patient also seen on 11/4/02 by Dr. ___ who recommended work hardening. Patient was seen on 11/20/03 by Dr. ___ and found to be at MMI with a 5% whole person rating, based on a category II specific disorder impairment. Patient then started work conditioning of 12/4/02.

The records unfortunately all appear to be essentially the same, comprised of annotated notes on a pre-printed "soap" note. They are repetitious, contain minimally clinically useful information and do not show any significant progress / substantive change in treatment. Unfortunately this provides precious little clinical insight as to the patient's status, his progression or improvement/response to care. There are no descriptive clinical notes to substantiate the extensive active therapies billed.

Various services have been denied for payment based on medical necessity and is thus referred for medical dispute resolution purposes through the IRO process.

The items specifically in dispute are office visits, joint mobilization, myofascial release, therapeutic exercises, massage therapy, mechanical traction and aquatic therapy from 09/03/02 through 10/25/02.

REQUESTED SERVICE(S)

Therapeutic exercises, joint mobilization, myofascial release, massage therapy, mechanical traction and aquatic therapy for dates of service 9/3/02 through 10/25/02.

DECISION

1/. Concerning code 97110: there is no establishment of medical necessity for therapeutic exercises established in the documentation.

2/. Concerning codes 97113: there is no establishment of medical necessity for aquatic therapy established in the documentation.

3/. Concerning code 97124: there is no establishment of medical necessity for this massage therapy established in the documentation.

4/. Concerning code 99213-MP: there is establishment of medical necessity for this service for 10/15/02 and 10/17/03.

RATIONALE/BASIS FOR DECISION

Concerning codes 97113: there is no establishment of medical necessity for this service for any dates billed.

A period of active care is appropriate, with the inclusion of therapeutic activities/exercises. Unfortunately there is no documentation regarding the requirement for an aquatics-based program in this case. An aquatics based program is usually reserved for the more disabling conditions where an early return to activity is advantageous, yet the patient is intolerant of weight-bearing activities in a land-based program. An aquatics-based exercise program initiates exercise with a goal of progression to a land based exercise regime. The patient in this case appears to have sustained an uncomplicated cervical sprain/strain injury. There is no prescription or indication as to why the patient is

intolerant of a normal, land-based therapeutic program of exercises. There is also no documentation supplied to support exactly what types of exercises were performed to justify the number of units billed.

Concerning code 97110: there is no establishment of medical necessity for this service for any dates billed.

A period active therapy is appropriate, with the inclusion of therapeutic activities/exercises, following passive treatment intervention. Unfortunately there is no documentation supporting the type or response to exercises performed in terms of duration, sets, reps, etc. that would normally accompany such an intensive program of care. According to the billed amounts, this patient underwent essentially an hour and a half of one-on-one exercises on each encounter date. No progression / response / deviation to the program is indicated to support any of this care. This level of service is simply not supported anywhere in the documentation and is therefore not supported as reasonable and necessary.

Concerning code 99213: there is establishment of medical necessity for evaluation and management services / office visits with manipulation on 10/15/02 and 10/17/02.

The patient was essentially on a focused rehabilitation/strengthening program for the cervical spine, which, for all intents and purposes, was progressing on an undeviating course. Two visits of manipulation would not seem unreasonable.

Concerning code 97265: there is no establishment of medical necessity for this service for any of the disputed dates.

Joint mobilization was billed in conjunction with office visits on the disputed dates. Generally, in a chiropractic setting in the work comp arena, an office visit is inclusive of joint mobilization / manipulation. These two services are synonymous with each other in that manipulation is a form of joint mobilization and it is therefore duplicative to bill for joint mobilization when an office visit was performed/billed for on the same date of service. The documentation does not support a 99213 level of service, however when billed in conjunction with a manipulation/mobilization procedure, is considered to be appropriate (again, in the work comp arena at that time). There is otherwise absolutely no rationale or indication provided as to why joint mobilization would be performed at such a delayed stage in the patient's treatment program, at almost 3 months into the treatment course in conjunction with active exercises. There is no indication of the rationale for joint mobilization, improvement with the application of numerous "joint mobilizations" nor the types of "mobilizations" performed. This would be expected in terms of any reasonable outcome assessment in order for continued application to be provided.

Concerning code 97124: there is no establishment of medical necessity for this massage therapy established in the documentation.

As already mentioned, the patient appears to have minimal to no symptoms or objective findings noted, without any clinical evidence that continued attended therapy is indicated. Without such clinical indication available, continued application of massage therapy, in conjunction with active therapy, does not seem to be indicated or substantiated. In the absence of substantiating clinical documentation there appears to be no necessity for massage therapy beyond the necessary stages of healing.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.